

777

CERTIFICATE AMENDED
PLACE OF BIRTH SEE NOTATION

*Reg. name added by off. of reg. and
 kept record of 1-29-25*

ARIZONA STATE BOARD OF HEALTH
 County of Apache BUREAU OF VITAL STATISTICS State Index No. 8
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 44
 Town of _____ Local Registrar's No. 17
 or **SAINT JOHNS, ARIZONA**
 City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD ILA MINEER { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } no

Sex of Child	<u>Twin</u> Triplet or other	and	Number in order of birth	Legitimate <u>yes</u>	Date of Birth <u>April 19</u> 191 <u>9</u> (Month) (Day) (Yr)
Full Name	FATHER <u>Joe R. Mineer</u>		MOTHER <u>Zena Perkins</u>		
Residence	<u>SAINT JOHNS, ARIZONA</u>		<u>SAINT JOHNS, ARIZONA</u>		
Color or Race	<u>White</u>	Age at last Birthday <u>38</u> (Years)	Color or Race	<u>White</u>	Age at last Birthday <u>38</u> (Years)
Birthplace	<u>SAINT JOHNS, ARIZONA</u>		<u>Arizona</u>		
Occupation	<u>Farmer</u>		<u>Housewife</u>		

Number of child of this mother 5 Number of children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Apr. 19 1919 at 11 A. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Mrs. L. E. Shumard
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
 Address SAINT JOHNS, ARIZONA

Filed 5/5 1919 Martin Jensen LOCAL REGISTRAR.
949-419-962 COUNTY REGISTRAR.
 Filed 5/10 1919 A True Copy J R Chayer COUNTY REGISTRAR.

Midwife with each local Registrar within 3 days after birth.